REQUEST FOR HEARING
State of Michigan
Department of Human Services

INSTRUCTIONS: Complete items 12 through 18 below. Please type or print. DELIVER OR MAIL completed form to your local DHS office, Attn: Hearing Coordinator. A date-stamped copy will be returned to you by the local office.

1. Case Name (Last)	(First)			
2. Address				
3. Telephone Number				4. Case Number
5. County	6. District	7. Section	8. Unit	9. Specialist
10. Date Received in DHS	11. Program(s) in Dispute			

Department of Human Services (DHS) no discrimina contra ningún individuo o grupo a causa de su raza, sexo, religión, edad, origen nacional, color de piel, estatura, peso, estado matrimonial, creencias políticas o incapacidad. Si Ud. necesita ayuda para leer, escribir, oír, etc., bajo la Acta de Americanos con Incapacidades, usted esta invitado a hacer saber sus necesidades conocidas a una oficina de DHS en su condado.	لن تميّز إدارة الخدمات الإنسانية (Department of Human Services) ضد أي شخص أو مجموعة بسبب العرق، الجنس، الديانة، العمر، المنشأ الوطني، اللون، الطول، الوزن، الحالة الزوجية، أو الإعاقة والعجز. إن كنت تحتاج إلى مساعدة في القراءة والكتابة والسمع، ...إلخ، ندعوك أن تجعل احتياجاتك معروفة لدي مكتب في الـ"كاونتي" التي تعيش فيها عملاً بقانون الأمريكيين ذوي الإعاقة والعجز (Americans with Disabilities Act).
AUTHORITY: MCL 400.9, MSA 16,409 RESPONSE: Voluntary. PENALTY: None	The Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your county.

12. I request a hearing before an Administrative Law Judge regarding the decision of the _____ County Department of Human Services. Following are my reasons for requesting a hearing: (Name of County)

By signing this form, I acknowledge that I have read and understand the following rights and obligations: Because I am asking for a hearing, the DHS may postpone the proposed action until I have had a hearing and a decision is issued by an Administrative Law Examiner. If DHS' proposed action is upheld, I will be required to repay any additional benefits that I received because the proposed action was postponed. If I withdraw this hearing request, or if I do not go to the hearing when it is scheduled, I will be required to repay any additional benefits that I received because the proposed action was postponed

I ☐ DO ☐ DO NOT want to continue receiving the amount of food assistance I now receive until after my hearing.

13. Signature of Person Requesting Hearing (AH must receive an original signature. If this form is signed by an authorized hearing representative, documentation of authorization must be attached.)	14. Telephone Number	15. Date
16. Street Address or Route Number	17. City, State and Zip Code	
18. Are special arrangements required for you to participate in a hearing? ☐ Yes ☐ No ▶ Explain:		

THIS SECTION TO BE COMPLETED ONLY IF SOMEONE HAS AGREED TO REPRESENT YOU AT THE HEARING.

19. Name of Authorized Hearing Representative	20. Telephone Number	21. Title
22. Street Address or Route Number	23. City, State, and Zip Code	